

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Montana

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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Enforcement of Compliance for Nursing Facilities

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The State uses other factors described below to determine the seriousness of deficiencies in addition to those described at §488.404(b)(1):

Not Applicable

TN No. 95-017

Supersedes

TN No. 91-01

Approval Date: 11/27/95

Effective Date: 7-1-95